23. (new) The method of claim 22, wherein the surgery is open heart surgery, organ transplantation surgery or heart or lung bypass surgery.

24. (new) The method of claim 21, wherein the ischaemic-reperfusion event results in apoptosis.

~~**25.** (new)~~ The method of claim 18, comprising administering a prophylactically or therapeutically effective amount of the inositolphosphoglycan (IPG) or an IPG synthetic analogue to a subject with or at risk of an ischaemic-reperfusion injury.

REMARKS

Applicants have amended claim 1-17 (as originally presented in the Preliminary Amendment filed December 19, 2000), and presented new claims 18-25. Applicants respectfully request entry of these claims prior to examination of the above-identified application.

No new matter has been added to the application by way of the above amendments, which are submitted to conform the claims to United States Patent and Trademark Office practice. Support for the new claims can be found throughout the specification and in the original claims.

For example, support for compositions comprising pharmaceutically acceptable excipients as found, e.g., in claims 7 and 8, is found, e.g., on p. 13, lines 11-16.

Support for the preparation of medicaments comprising inositolphosphoglycan (IPG) or IPG synthetic analogues as found, e.g., in claim 8, is found, e.g., pp. 13-15, and in claim 8 as originally filed.

Support for medicaments that treat or protect against apoptosis as found, e.g., in claim 13, is found, e.g., on p. 14, lines 6-23, and in claim 13 as originally filed.

Support for administering an inositolphosphoglycan (IPG) or an IPG synthetic analogue to reduce loss of cellular ATP as found, e.g., in new claims 18-25, is replete throughout the specification as filed, for example, *see*, e.g., paragraph bridging pages 17-18.

Support for administering a prophylactically or therapeutically effective amount of the inositolphosphoglycan (IPG) or IPG synthetic analogue to a subject with or at risk of an ischaemic-reperfusion injury as found, e.g., in claim 25, is found, e.g., on p. 14, lines 25-30.

Support for additional elements of the dependent claims are found throughout the specification, and in the claims as originally filed.

CONCLUSION

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 510-337-7871.

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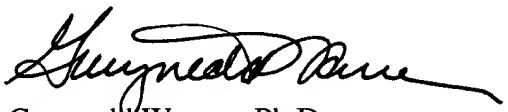
Respectfully submitted,



Gwynedd Warren, Ph.D.
Reg. No. 45,200

Marked Copy of the Claims as Amended

USSN 09/719,909

1. (as filed) A composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue and ribose.

2. (amended) The composition of claim 1, wherein the IPG is a P-type IPG.

3. (amended) The composition of claim 1, wherein the synthetic analogue is a P-type IPG synthetic analogue.

4. (amended) The composition of claim 1, further comprising adenosine or purine, or a nucleotide precursor thereof.

5. (twice amended) The composition of claim 1 or [claim]2, wherein the composition is a liquid composition.

6. (twice amended) The composition of claim 1 or [claim]2, wherein the composition is a powder or concentrate from which a liquid composition can be prepared.

7. (amended) [A]The composition of claim 1 or 2, [for use in a method of medical treatment]further comprising a pharmaceutically acceptable excipient.

8. (amended) [Use of an inositolphosphoglycan (IPG) or an IPG synthetic analogue for the preparation of]A method of preparing a medicament for the treatment or prevention of an ischaemic-reperfusion injury[.], the method comprising:

providing an inositolphosphoglycan (IPG) or an IPG synthetic analogue in a pharmaceutically acceptable excipient.

9. (amended) The [use]method of claim 8, wherein the IPG is a P-type IPG.

10. (amended) The [use]method of claim 8, wherein the synthetic analogue is a P-type IPG synthetic analogue.

11. (twice amended) The [use]method of claim 8, wherein the ischaemic-reperfusion injury arises from myocardial infarct, surgery or stroke.

12. (twice amended) The [use]method of claim 11, wherein the surgery is open heart surgery, organ transplantation surgery, or heart or lung bypass surgery.

13. (twice amended) The [use]method of claim 8, wherein the [medicament is for the prevention of apoptosis following an]ischaemic-reperfusion injury results in apoptosis.

14. (twice amended) The [use]method of claim 8, wherein the medicament further comprises one or more of:

(a) adenosine or purine or a precursor thereof;

(b) ribose;

(c) nicotinamide or derivatives thereof;

(d) a Ca^{2+} ion uptake inhibitor;

(e) a cardioplegic solution;

(f) means to maintain the glutathione system, such as glutathione peroxidase and the reduced form of glutathione (GSH); [or]and,

(g) an endothelin inhibitor.

15. (as filed) An in vitro method for preserving an organ for transplantation, the method comprising contacting the organ with a composition of claim 1.

16. (amended) The method of claim 15, wherein the composition is perfused through the organ.

17. (amended) The method of claim 15, wherein the organ is stored in the composition prior to transplantation.

18. (new) A method of reducing loss of cellular ATP, the method comprising:

administering a composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue to a cell in a dose sufficient to prevent or reduce the loss of cellular ATP.

19. (new) The method of claim 18, wherein the IPG is a P-type IPG.

20. (new) The method of claim 18, wherein the synthetic analogue is a P-type IPG synthetic analogue.

21. (new) The method of claim 18, wherein the loss of cellular ATP arises from an ischaemic-reperfusion event.

22. (new) The method of claim 21, wherein the ischaemic-reperfusion event is a myocardial infarct, surgery, or stroke.

23. (new) The method of claim 22, wherein the surgery is open heart surgery, organ transplantation surgery or heart or lung bypass surgery.

24. (new) The method of claim 21, wherein the ischaemic-reperfusion event results in apoptosis.

25. (new) The method of claim 18, comprising administering a prophylactically or therapeutically effective amount of the inositolphosphoglycan (IPG) or an IPG synthetic analogue to a subject with or at risk of an ischaemic-reperfusion injury.

Courtesy Copy of the Claims as Amended

USSN 09/719,909

1. (as filed) A composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue and ribose.

2. (as filed) The composition of claim 1 wherein the IPG is a P-type IPG.

3. (as filed) The composition of claim 1 wherein the synthetic analogue is a P-type IPG synthetic analogue.

4. (amended) The composition of claim 1, further comprising adenosine or purine, or a nucleotide precursor thereof.

5. (twice amended) The composition of claim 1 or 2, wherein the composition is a liquid composition.

6. (twice amended) The composition of claim 1 or 2, wherein the composition is a powder or concentrate from which a liquid composition can be prepared.

7. (amended) The composition of claim 1 or 2, further comprising a pharmaceutically acceptable excipient.

8. (amended) A method of preparing a medicament for the treatment or prevention of an ischaemic-reperfusion injury, the method comprising:

providing an inositolphosphoglycan (IPG) or an IPG synthetic analogue in a pharmaceutically acceptable excipient.

9. (amended) The method of claim 8, wherein the IPG is a P-type IPG.

10. (amended) The method of claim 8, wherein the synthetic analogue is a P-type IPG synthetic analogue.

11. (twice amended) The method of claim 8, wherein the ischaemic-reperfusion injury arises from myocardial infarct, surgery or stroke.

12. (twice amended) The method of claim 11, wherein the surgery is open heart surgery, organ transplantation surgery, or heart or lung bypass surgery.

13. (twice amended) The method of claim 8, wherein the ischaemic-reperfusion injury results in apoptosis.

14. (twice amended) The method of claim 8, wherein the medicament further comprises one or more of:

(a) adenosine or purine or a precursor thereof;

(b) ribose;

(c) nicotinamide or derivatives thereof;

(d) a Ca^{2+} ion uptake inhibitor;

(e) a cardioplegic solution;

(f) means to maintain the glutathione system, such as glutathione peroxidase and the reduced form of glutathione (GSH); and,

(g) an endothelin inhibitor.

15. (as filed) An in vitro method for preserving an organ for transplantation, the method comprising contacting the organ with a composition of claim 1.

16. (as filed) The method of claim 15 wherein the composition is perfused through the organ.

17. (as filed) The method of claim 15 wherein the organ is stored in the composition prior to transplantation.

18. (new) A method of reducing loss of cellular ATP, the method comprising:

administering a composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue to a cell in a dose sufficient to prevent or reduce the loss of cellular ATP.

19. (new) The method of claim 18, wherein the IPG is a P-type IPG.

20. (new) The method of claim 18, wherein the synthetic analogue is a P-type IPG synthetic analogue.

21. (new) The method of claim 18, wherein the loss of cellular ATP arises from an ischaemic-reperfusion event.

22. (new) The method of claim 21, wherein the ischaemic-reperfusion event is a myocardial infarct, surgery, or stroke.

23. (new) The method of claim 22, wherein the surgery is open heart surgery, organ transplantation surgery or heart or lung bypass surgery.

24. (new) The method of claim 21, wherein the ischaemic-reperfusion event results in apoptosis.

25. (new) The method of claim 18, comprising administering a prophylactically or therapeutically effective amount of the inositolphosphoglycan (IPG) or an IPG synthetic analogue to a subject with or at risk of an ischaemic-reperfusion injury.